



# Reducing Risks: Developing Psychosocial Capacity of Responders: Phase II

**First Quarterly Report: July-September 2015**

**A PROJECT OF THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE IN PARTNERSHIP WITH THE  
UNIVERSITY OF INDONESIA AND SUPPORTED BY USAID**

**OCTOBER 30, 2015**

**AWARD: AID-OFDA-G-15-00138  
DEVELOPMENT OBJECTIVE: PROTECTION**

## Executive Program Summary

The American Joint Distribution Committee (JDC) initially began working in Indonesia immediately after the Indian Ocean Tsunami in 2004 working with civil society organizations and becoming the first international Jewish organization to have its contributions in the humanitarian field recognized by the Government of Indonesia. JDC's work continued in Indonesia for seven years, not only focused on long term recovery in Banda Aceh but also responding to the range of natural disasters and crises experienced by Indonesia including earthquakes, tsunamis, landslides, cyclones and volcanic eruptions. Indonesia is ranked second out of 229 countries assessed for disaster risk,<sup>1</sup> and lacks some of the tools needed to mitigate the disruption such a major event can have on its societies and economies.

Though there have been efforts to improve disaster response capacity, very little action has been taken to mitigate the effects of disasters on mental health. There have been well-documented cases of mental health impacts such as Post-traumatic Stress Disorder (PTSD), dissociative response, acute stress disorder (ASD), depression and anxiety as well as somatic complaints and substance abuse. Training for local leaders and communities is needed in order to create capacity for post-disaster psychosocial support programs that are culturally and contextually appropriate, ultimately reducing the impact of disasters on the community as a whole and specifically on the most vulnerable populations.

Starting in 2012, with USAID funding, JDC worked together with the Crisis Center at the University of Indonesia to develop a three-pronged program that sharpens the psychosocial capacity of first responders, expands and strengthens the professional network in psychosocial response, and paves the path for significant inroads at the policy-making level.

USAID has recently agreed to support phase II of this program, a twenty-four month program for four villages in the Bogor region where the pilot training program took place, as well as an additional four villages within a new high-risk priority region identified by the national platform for disaster risk reduction, Badan Nasional Penanggulangan Bencana (BNPB). These additional trainings both within and outside Bogor will help refine the training model and help to create a locus of excellence in the realm of disaster preparedness. The curriculum will be the cornerstone of a national program of awareness raising and paraprofessional training to be fully adopted and integrated within the framework of the BNPB training center.

This project, titled "Reducing Risks: Developing the Psychosocial Capacity of Responders: Phase II" will build on this established infrastructure in order to refine it and create the critical mass necessary for this program to flourish and become a national program. The expected outcome of this initiative is that the capacity building will influence the way in which Disaster Risk Reduction (DRR) is conceived and conducted in Indonesia, offering sustainable impact above and beyond the specific skills to be garnered by the participants.

The following outputs have been outlined for the program:

- 600 people receive one-day psychosocial awareness program across 30 communities/groups as identified in cooperation with BNPB and possibly Mercy Corps, who will be ensuring DRR training delivery in Indonesia cross-regionally.
- 35 BNPB staff receive training to deliver Psychosocial Response Team training curriculum and Leadership training.
- 1750 Receive supervision and QA of Psychosocial Response Team training executed by BNPB staff (1750= 35 training trainees\* 2 trainings \* 25 per group).

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<sup>1</sup> Maplecroft's Global Risks assessment unit, Natural Disaster Risk index, [www.maplecroft.com](http://www.maplecroft.com)

- 12,000 people trained in village level psycho-education implemented by Leadership Training graduates with the assistance of Immersion Course graduates of 2013 and 2015 (12,000= 80 LT graduates from 2013 and 2015 conducting at total of 15 village-level sessions with 20 participants per session) .
- 100 participants in capacity building training for Crisis Center

This report provides an overview of the achievements during the first quarter of the program's implementation, covering the period July-September 2015. In the subsection titled "Progress Toward Indicators," the progress is divided according to the relevant indicators delineated in the project proposal narrative.

## **Main Achievements of Quarter 1: July-September, 2015**

### **Finalizing Contract:**

Immediately following OFDA's notification of the award to JDC for Phase II of the program in August 2015, JDC began the contract process with the University of Indonesia, JDC's sub-award grantee for this project. JDC ensured that the terms of the contract accounted for the full scope of programmatic and financial accountability as stipulated by OFDA, outlined in Circular A-122, and upheld by JDC. This includes adhering to regular reporting requirements and cost principles as well as policies for publicity, dispute settlement, and other compliance issues. To date, the sub-award grantee is currently reviewing the terms with signature expected by early November 2015.

Meanwhile, meetings and preparations are underway for the first phases of programming to begin in Quarter 2, following signature of the contract with the University of Indonesia (sub-award grantee).

### **Progress by Indicator:**

#### *JDC Indicator 1: The development, implementation, publication, and promotion of a curriculum*

Based on the lessons learned to date from the field experience gained in Phase I, there was a need to further refine and enhance the curriculum and more precisely target participating trainees. The improved curriculum that JDC is currently working on will enhance the capacity of potential graduates to be able to make a significant contribution to their communities through the integration of psychosocial mitigation and response within the context of general community development and overall DRR response. Specifically, the model for the immersion course curriculum is now being revised in light of trainer and trainee feedback in order to improve the accessibility and adaptability of the training modules for a broader spectrum of participants. In addition, JDC will coordinate with the village leadership to implement a more precise method of targeting participants based on an improved set of criteria for participation.

The improved program structure will first be applied in the same four villages in the Bogor region where the Phase I pilot training took place. The purpose of this will be to both maintain a critical mass of trainees in the area to effectively serve these large villages in times of disaster and crisis, and to create a successful model of excellence that can be replicated elsewhere in the country. It will then be further applied in another high risk area to be determined by the BNPB and in coordination with the Ministry of Social Affairs. As stated in the proposal, the curriculum will also serve as the cornerstone of a national program of awareness raising and paraprofessional training to be fully adopted and integrated within the framework of the BNPB training center.

During the months preceding the OFDA award notification, JDC and the University of Indonesia team worked together to develop a framework for gathering feedback about the Phase I trainings and began aggregating the data so as to effectively streamline the revision process.

A five-day curriculum revision process will be held in mid-November building upon interviews, focus groups and feedback surveys collected after the Immersion Courses, over the course of the following supervision phase, and particularly during an evaluation process implemented in recent months. To maximize efficiency of the revision process, the number of participants in the workshop will be limited to 5-6 people at any given time. The group will be drawn from among the various project stakeholders holding the most first-hand knowledge of the program and its implementation. The revision workshop will examine not only the modular teaching material itself, but will serve as a mechanism through which the entire training program will be evaluated. It will explore the scope of the feedback about the training from the perspective of three phases of implementation:

- A) Preparation for training: This includes the criteria for selection of new locations and volunteers; the nature of the interface with the BPBD and/or relevant local NGOs; creating recognition for the volunteer teams with the village leadership; village buy-in for continued support of the project; and similar considerations contributing to the overall success of the training that will follow.
- B) The Immersion Course: This will address questions of effective execution of the training, including number of days, the frequency of the sessions, number of facilitators, and content pieces relating to the modular curriculum and facilitator manuals. One of the outputs of this course is the creation of a handbook that allows for flexibility in the different modules based on specific needs of a community or of the trainer background e.g. urban settings vs. rural, medical paraprofessionals vs. educators.
- C) Post-course follow up: This will examine the nature of follow-up after the course including team maintenance, supervision, ongoing skills development, maintaining village-level engagement, and lessons from actual deployment.

The workshop participants will delve into each of these phases over the course of 1-2 days each, with another 1-2 days summarizing the decisions into a working revision document. The international project group will then integrate that document into the project guidelines documentation.

#### *Indicator 1: Number of people trained in psychosocial support, by gender*

Further capacity building of first responders includes the expansion of the refined immersion course to additional participants in the four original villages within Bogor plus another four new locations in the country. The goal of this expansion is to create a critical mass that will change overall policy in Indonesia and more comprehensively test the revised curriculum. It requires a two-pronged approach involving both bottom-up and top-down training. Villages that have already established teams from Phase I should have supervision extended and there should be ongoing meetings with the Bogor policy makers and other NGO stakeholders (Bogor DRR Forum). Thus while preparations for the curriculum workshop are underway, JDC is simultaneously developing a set of criteria to help select new locations for the next phase of trainings. These criteria includes:



1. Degree of need for this program
2. Logistical feasibility for effective training
3. Assessment of priority areas of various stakeholders, both national and international, in DRR implementation
4. Capacity (of both the UI Crisis Center and the target local authority) to test and implement the revised curriculum
5. Assessment of the location's strategic significance as a platform for national advocacy and dissemination
6. In the case of a location that is experiencing an ongoing disaster, a particular analysis of the needs of the area's capacities as well as the needs of any IDPs is needed in order to determine if the location can absorb this program

### *JDC Indicator 3: The inclusion of psychosocial response in National DRR*

The JDC team and the University of Indonesia Crisis Center is currently in discussion with lead personnel from the TATTs program about possible collaboration between the "Reducing Risks" project and TATTs, which is a consortium of partners led by Mercy Corps Indonesia providing targeted (Disaster Risk Management) DRM trainings in six Indonesian provinces. TATTs has reached out to JDC to explore the possibility of utilizing our personnel to help execute post disaster psychosocial trainings in their priority locations. Such a collaboration would help ensure the successful integration of the "Reducing Risks" psychosocial content on the national DRR agenda. Initial meetings between JDC and TATTs have commenced, and communication and collaboration will continue in the months ahead.

JDC and the University of Indonesia – working in collaboration with the local USAID mission office - are currently mapping the other key players and organizations needed to achieve the goals of this indicator. A strategic workplan of other national-level DRR activities and advocacy efforts that will be based on this mapping will be outlined in the second quarterly report.